


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90004 034 \*\*\*150.00

<b>DOCUMENT # 588603</b>	
1. Entity Name CILISE CORPORATION	

Principal Place of Business 9000 SW 36TH STREET MIAMI, FL 33165	Mailing Address SUITE 330 9990 SW 77TH AVENUE MIAMI, FL 33156-2661 US
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**DO NOT WRITE IN THIS SPACE**

**60011191**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1856329</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, JOHN A  
 SUITE 330, 9990 SW 77TH AVE  
 MIAMI, FL 33156-2661

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, AUGUSTO PLINIO 9000 SW 36TH STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D RODRIGUEZ, MARGARITA 9000 SW 36TH STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D RODRIGUEZ, AUGUSTO CESAR 9000 SW 36TH STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Augusto Rodriguez* SECRETARY 01/25/06 (305) 554-1106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #